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30505 7590 10/23/2006
LAW OFFICE OF MARK J. SPOLYAR
 2200 CESAR CHAVEZ STREET
 SUITE 8
 SAN FRANCISCO, CA 94124

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(Depositor's name)
 (Signature)
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/729,168 12/04/2003 Gregg Scott Davi 6561/53704 8572

TITLE OF INVENTION: WIRELESS NETWORK PERIMETER SECURITY SYSTEM USING OVERLAYING RADIO FREQUENCY SIGNALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	01/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MILORD, MARCEAU	2618	455-067130

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.	1. <i>MARK J. SPOLYAR</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. _____
	3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Airespace, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*San Jose, California*Please check the appropriate assignee category or categories (will not be printed on the patent): individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____
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5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Mark Spolyar

Typed or printed name

*MARK J. SPOLYAR*Date 2 JANUARY 2007Registration No. 42,164

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